THE FOLLOW!	NG SECTION ^{E68}	IS FOR TOWN OFFICIAL REVIEW & SIGNATURES
		AGENT SECTION
The application is com	plete and the app ns have been me 'A	n for a permit, the Town officer shall determine that the following dicable fee has been paid. It or varied by the modification process. Proved Denied
	отн	ER APPROVALS REQUIRED TO THE PROPERTY OF THE P
To demonstrate that the pro requirement, the following a into the permit:	posal complies	s with local Inland Wetlands, Health District and Public Works be required and any conditions of approval shall be incorporated
MUST NO		IRECTOR IF CUTTING OR FILL IS 12" OR GREATER
DIRECTOR OF HEALTH	DATE	COMMENTS
INLAND WETLAND AGENT	DATE	COMMENTS
DIRECTOR OF PUBLIC WORKS	DATE	COMMENTS
Approved as submitt Approved with modifi Denled. The following comments, con	ed. ication or condi dition(s) of app	n are attached to or referenced on this form, the permit has been: itions as stated below. proval or reason(s) for denial apply: sex with allowed.
AUTHORIZED AGENTS	R	DATE